

Indiana Consensus Guidelines for Diabetes Care

*Care is a partnership between the patient, family, and the diabetes team,
primary care provider, diabetes educator, nurse, dietitian, pharmacist and other specialists*

Abnormal physical or lab findings should result in appropriate interventions. For particular details and references for each specific area, please refer to supporting documents and implementation tools in the full text guide available via the internet at <http://www.in.gov/isdh/programs/diabetes/splash.htm>

Measure	Consensus Guidelines (Frequency)	Treatment Goals
Height/Weight	Every regular visit Height, if needed to calculate BMI	Counseling for maintaining ideal body weight *
Glycosylated hemoglobin	Twice a year, 3 months apart	A1C < 7.0
Microalbuminuria	Annually	
Dilated funduscopy eye exam	Type 1: After 5 years duration, then annually Type 2: At diagnosis, then annually	
Foot exam	Visual foot inspection every regular visit Lower extremity monofilament exam annually	
Lipid profile	Annually	Cholesterol < 200mg/dl LDL < 100 mg/dl HDL > 45 (Men) > 55 (Women) Triglycerides < 150 mg/dl
Blood pressure measurement	Every visit	Blood pressure < 130/80
Smoking	Counsel to stop every visit	
Aspirin therapy	Daily if not contraindicated	
Self-management education & medical nutrition therapy	Initial & at clinician's discretion	

Additional recommendations (not specific to diabetes)

Dental Examination	Annually	
Influenza vaccine	Annually	
Pneumococcal vaccine	Initial and revaccination if indicated **	

Criteria for Diagnosis of Pre-Diabetes

Measure	Diagnosis	Treatment Goals
Fasting Plasma Glucose Test (FPG) 100-125 mg/dl	Pre-Diabetes- Impaired Fasting Glucose (IFG)	Moderate Physical Activity (e.g. Walking 30 minutes 5x/week)
Oral Glucose Tolerance Test (OGTT) 140-199 mg/dl (2-hour plasma glucose following a 75-gram oral glucose load)	Pre-Diabetes- Impaired Glucose Tolerance (IGT)	Diet Modification Weight Loss, if overweight, at least 5-7% of current body weight. Test Glucose Annually.

* BMI < 25 for adults; for children aged 2 to 20 years, BMI for age < 85th percentile. For calculating children's BMI, see http://www.cdc.gov/nccdphp/dnpa/growthcharts/bmi_tools.htm

** High risk older children and adults should be reimmunized 5 years or more after being initially immunized with pneumococcal polysaccharide vaccine. Reimmunization once only is recommended. For more information see American Diabetes Association Clinical Practice Guidelines 2004

Adapted from American Diabetes Association Clinical Practice Guidelines 2004

These guidelines were developed to provide guidance to primary care providers and are not intended to replace or preclude clinical judgement.

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